

## OCCUPATIONAL HEALTH SERVICES

- 1. REASON FOR ISSUE:** To issue Department of Veterans Affairs (VA) procedures regarding occupational health services.
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook sets forth mandatory procedures previously contained in numerous other issuances. This change incorporates the inclusion of the chiropractic occupation for coverage in Part II and Part III of this handbook in accordance with the requirements of Public Law 107-135, dated January 23, 2002. There are no other substantive changes.
- 3. RESPONSIBLE OFFICE:** The Recruitment and Placement Policy Service (059), Office of the Deputy Assistant Secretary for Human Resources Management.
- 4. RELATED DIRECTIVE:** VA Directive 5019, Occupational Health Services.
- 5. RESCISSIONS:** Refer to the Transmittal Sheet for VA Handbook 5001, General Introduction and Administration.

**CERTIFIED BY:**

**BY DIRECTION OF THE SECRETARY  
OF VETERANS AFFAIRS:**

/s/Robert N. McFarland  
Assistant Secretary for  
Information and Technology  
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/s/William H. Campbell  
Assistant Secretary for Management  
Office of Human Resources and

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(d) Resolve questions on maintenance of health unit records when requested by the Occupational Health Physician/Occupational Healthcare Provider or the head of the installation.

(e) Assist the Occupational Health Physician/Occupational Healthcare Provider in the occupational health enhancement program, especially in the areas of display and distribution of promotion materials, the showing of films of or by health associations and others, and arrangements for participation in free, local civic health programs, including arrangements for lectures. Perform these functions for management at those facilities where there is no designated Occupational Health Physician/Occupational Healthcare Provider.

(f) Assist the head of the installation in arranging for occupational health services where necessary.

(g) Recommend occupational health services funding options/requirements within their designated organization. Collaborate with the Occupational Health Physician or Occupational [Healthcare] Provider where necessary in obtaining required equipment and medical supplies.

**4. COOPERATION WITH PUBLIC HEALTH AGENCIES.** VA installations will cooperate with local, county, state and national public health agencies, appropriate medical societies or associations, physicians and programs in providing measures, which protect against disease of public health significance. Through vaccinations and immunizations of employees, VA will assist in maintaining a high level of protection against epidemics of communicable disease such as influenza. This will include the use of VA space, equipment, personnel, and the use and administration of vaccines, prophylactic drugs and agents without charge as resources allow. This is in the interest of protecting VA beneficiaries against epidemics of any communicable disease.

## **5. TREATMENT**

### **a. Nature and Extent of Non-Work Related Treatment**

(1) It is an expectation that all employees will have a private personal physician or healthcare provider. If an employee suffers a minor illness or injury, which interferes with their ability to perform their duties, treatment may be rendered. Treatment will be limited to relieve their discomfort and enable them to remain at work, and in an emergency, appropriate care to stabilize and transport the employee will be rendered. If the installation has dental facilities, emergency treatment may be given for minor dental conditions. These treatments are not intended to provide definitive medical or dental care or replace the employee's primary care provider. The employee will be referred to their private physician or dentist for any necessary follow-up or definitive care.

(2) When an employee suffers serious injury [ ], needed first aid will be rendered and suitable transportation to an appropriate hospital, clinic, or physician's office arranged per employee consent as indicated. In the event transportation or hospitalization is required, the employee will be responsible for associated costs.

(3) At the request of a private physician, an employee may be given treatments or medications for illnesses or conditions for which he/she is under the care of that private physician. The treatments must

**Department of Veterans Affairs  
5019/1  
Washington, DC 20420**

**VA HANDBOOK**

**Transmittal Sheet  
June 16, 2004**

requiring a physical examination to one requiring such procedures. A pre-placement physical examination shall be completed prior to appointment to determine the physical and mental fitness for candidates for appointment in VA. Terminal physical examinations of applicants separated from the U.S. Armed Forces within 90 days of appointment may be substituted for a pre-employment physical exam. The requirement for a pre-placement physical exam applies to all full-time, part-time, and intermittent physicians, dentists, podiatrist, optometrists, nurses, nurse anesthetists, physician assistants, expanded-function dental auxiliaries, [chiropractors,] residents, interns, graduate nurse technicians, medical consultants (unless otherwise specified), [c]ertified or [r]egistered [r]espiratory [t]herapists, [o]ccupational [t]herapists, [l]icensed [p]hysical [t]herapists, [l]icensed [p]ractical or [v]ocational [n]urses, [ ] and [p]harmacists appointed under 38 U.S.C., chapter 73 or 74;. All title 5 Wage Grade employees; General Schedule employees in occupations with medical standards; General Schedule employees in positions for which physical requirements have been established; and General Schedule employees holding positions that provide direct patient care (e.g., [n]ursing [a]ssistants, [h]ealth [t]echnicians, [m]edical [i]nstrument [t]echnicians, [m]edical [m]achine [t]echnicians, etc.). It is not required of residents, interns, and consultants who furnish evidence of satisfactory physical condition based on a physical examination within the past 12 months prior to appointment. The term “employee” as used in this chapter, will include all of the above categories of employees unless otherwise specified. The term “nurse” as used throughout this chapter will include registered nurses, nurse practitioners, advanced practice nurses, nurse anesthetists, and graduate nurse technicians unless otherwise stated.

b. **Scope of the Examination.** The examination will be concerned with the mental and physical ability of the applicant to satisfactorily perform the duties of the proposed assignment and will include requisite laboratory and other screening as required by Federal regulatory agencies. All of the above reports must be completed within 90 days of appointment except in the case of certain residents and interns. (See sub-paragraph a above.) Elective health screening tests may be offered based upon available facility resources.

#### 4. ANNUAL MEDICAL EVALUATION

a. **General.** Full-time employees identified in paragraph [3]a are encouraged to have an annual physical examination. The annual physical examination will be voluntary at the request of the individual employee. The examination or screening tests will take place annually as nearly as practicable during the anniversary month of initial appointment in VA. At this time, the full-time employee will be given a statement to indicate that the employee does or does not choose to take a physical examination or screening tests. This statement will be filed with the Employee’s Medical Folder. The results of such examination and testing will be given to the employee to discuss with their personal primary care provider.

b. **Physical Examinations.** The Examining Occupational Healthcare Provider will use discretion in determining how comprehensive the examination will be. Special tests and diagnostic procedures may be ordered as appropriate based upon the examination findings. Employees will be informed of any discrepancies or abnormalities shown in the examination and they will be encouraged to follow-up with treatment or corrective action as soon as possible with their personal primary care provider.

c. **Screening Tests.** Each full-time employee who elects not to have an annual physical examination, and each part-time and intermittent employee, except residents, may choose to undergo screening tests as are available at the medical facility. The screening tests may consist of blood tests, urinalysis, and an EKG. Other special tests and diagnostic procedures as available and believed indicated by the local professional staff may be performed. Employees will be informed of any discrepancies or abnormalities shown in the screening tests and they will be encouraged to follow-up with treatment or corrective action with their personal health care provider as soon as possible.

d. **Place of Examination.** Employees who request VA to conduct a physical examination or screening test will normally be examined or tested at their duty station, if the capability exists. However, at the discretion of local management, or at the request of the employee and approval of local management, the examination and tests may be conducted at another VA health care facility.

## 5. SPECIAL PHYSICAL EXAMINATION

a. **General.** Special physical examinations may be authorized by the Secretary, Administration and Staff Office Heads, or designees, or facility directors for employees identified in paragraph 3a. A special examination may be required to solve questions of physical or mental ability to properly perform the duties of a position. An examination may also be necessary to determine physical and mental fitness to resume duty after illness.

b. **Place of Examination.** The same instructions will apply as those set forth above in paragraph [4]d. At their own expense, employees may have tests and diagnostic procedures performed by other than a VA Occupational Healthcare Provider and/or facility. The VA Occupational Healthcare Provider will accept the results for review. Authorized absence for this purpose may be granted as provided in current regulations.

c. **Notice to Employee.** Except under unusual circumstances, e.g., when an immediate determination must be made as to an employee's mental or physical fitness to remain on duty, an employee will be given advance written notice of a special physical examination, such as fitness for duty. The notice will include:

(1) Reason for examination;

(2) Date, time, and location of examination (include travel information, if appropriate); and

(3) Right to submit physical examination results or other medical evidence obtained at the individual's own expense for consideration by the VA Occupational Healthcare Provider and/or, if appropriate, by a Physical Standards Board. (See part [III] of this handbook.)

**NOTE:** *When a special physical examination is required in connection with a possible agency-initiated disability retirement, representation will be allowed as provided in OPM Operating Manual CSRS and FERS Handbook, chapter 60 (Disability Retirement).*

### PART III. PHYSICAL STANDARDS BOARD

**1. COVERAGE.** The provisions of this part apply to physicians, dentists, podiatrists, optometrists, nurses, physician assistants, expanded-function dental auxiliaries, [chiropractors,] and resident[s] and interns appointed under the authority of 38 U.S.C. ch. 73 and 74. They also apply to [c]ertified or [r]egistered [r]espiratory [t]herapists, [l]icensed [p]hysical [t]herapists, [l]icensed [p]ractical or [v]ocational [n]urses, [o]ccupational [t]herapists and [p]harmacists appointed under 38 U.S.C. ch. 73 and 74. The above categories of individuals are included in the term “employee” as used in this part unless otherwise specified.

**2. RESPONSIBILITIES.** Physical Standards Boards act for the Under Secretary for Health. They are responsible for determining the physical and mental fitness, and for recommending action based on examination findings. A board’s findings cannot be changed or modified except by the board itself. A board may recommend acceptance or rejection of a person for physical or mental reasons.

**3. APPROVAL.** Physical Standards Boards are established in Central Office, medical centers, medical and regional office centers, and domiciliary, independent outpatient clinics, NHCUs and at regional offices with outpatient clinics. The Under Secretary for Health or designee will approve membership of Physical Standards Boards in Central Office. Healthcare facility directors will approve membership of boards at these facilities.

**4. MEMBERSHIP.** A Physical Standards Board will consist of a minimum of three physicians. However, when an unusual dental problem is under consideration, or when a dentist’s ability to function is involved, one physician will be replaced by a dentist. A physician will be chairperson. Persons in a position to prejudice the action of the board may not serve as members of the board conducting the review. The Human Resources Management Officer, or a designee, will be present to serve the board as a technical advisor. Wherever the term “Physical Standards Board” is used in this handbook, it will refer to a board with membership as described in this subparagraph. A Physical Standards Board may have the same membership as the local physician Professional Standards Board or members may be designated for this purpose by the health care facility Director. Boards may be conducted at other VA healthcare facilities in accordance with the provisions of part II, paragraph 3d of this handbook.

#### 5. FINDING QUESTIONABLE PHYSICAL FITNESS

a. All cases of a questionable nature which have not been resolved or have been resolved unfavorably by consultation will be referred by the VA Examining Occupational Healthcare Provider to the Physical Standards Board for determination of physical fitness. Such referral will be made through the office of the Chief of Staff, or equivalent office, to permit opportunity for comment or recommendation in light of staff needs. The board will render its opinion as to whether or not the individual examined can perform the required service satisfactorily without hazard to VA beneficiaries, employees or self.

b. The Physical Standards Board will prepare its findings on VA Form 10-2543, Board Action. In some instances an individual who would not ordinarily be considered for employment may be able to render valuable service to VA within that individual’s physical limitations. The board must be

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